

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -8 PM 4:34

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # POS000123448

1. Corporation Name

CECOMSA INC

2. Principal Office Address - No P.O. Box #

11401 NW 134 ST

3. Mailing Office Address

11401 NW 134 ST

Suite, Apt. #, etc

107

Suite, Apt #, etc.

107

City & State

MEDLEY - FL

City & State

MEDLEY - FL

Zip

33178

Country

USA

Zip

33178

Country

USA

200168245322

02/08/10--01064--017 **\$00.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

September 7, 2005

5. FEI Number
20-3436767

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PEDRO VARGAS

Street Address (P.O. Box Number is Not Acceptable)

11401 NW 134 ST

Suite, Apt #, Etc.

107

City

MEDLEY - FL

State

FL

Zip Code

33178

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature]

Date **2-5-2010**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Fernando Rosario	11401 NW 134 St #107	MEDLEY - FL 33178
T	Jose Rosario	11401 NW 134 ST #107	MEDLEY - FL 33178
S	Pedro Vargas	8577 NW 108 Ave #1 DORAL, FL 33178	DORAL - FL 33178
			2/9/10
			REINSTATEMENT 07-10

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Handwritten Signature]

2-5-2010

305-904-9204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #